

2015 Premium Rates for N1 Benefit Group 571 Carpenters-Painters, 571 Licensed Engineers -FOP 2 Sheriff - FOP 8 Corrections Health Center EULA - Non-Union \$600 Deductible Plan						
Plan	Class of Coverage	2015 Total Premium	Amount Paid By County	Employee Monthly Premium	Employee Bi-Monthly Deduction	Monthly Rate w/ Vision
UHC	Employee Only	\$658.09	\$ 612.02	\$ 46.07	\$ 23.03	
	Employee & One Dependent	\$1,207.22	\$1,026.14	\$ 181.08	\$ 90.54	
	Employee & Two or More Dependents	\$1,627.17	\$1,383.09	\$ 244.08	\$ 122.04	
Delta	Employee Only	\$25.30	\$ 21.51	\$ 3.79	\$ 1.90	
Dental	Employee & One Dependent	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
	Employee & Two or More Dependents	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
Total Medical and Dental Premiums						
	Employee Only			\$ 49.86	\$ 24.93	\$ 55.17
	Employee & One Dependent			\$ 194.16	\$ 97.08	\$ 202.75
	Employee & Two or More Dependents			\$ 257.16	\$ 128.58	\$ 270.39